

**Massachusetts Clean Vessel Act (CVA)  
FY17 Request for More Information**



**Pumpout Operations Information:**

\_\_\_\_\_  
Facility Name or Municipality

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

1. Area(s) your pumpout facility services: \_\_\_\_\_  
\_\_\_\_\_
2. Boating season (list months and weekly schedule pumpout is available) \_\_\_\_\_  
\_\_\_\_\_
3. Best contact for boaters: (Phone) \_\_\_\_\_ (VHF Channel) \_\_\_\_\_
4. Average number of boats pumped out during boating season: \_\_\_\_\_
5. Gallons pumped during last boating season (2015): \_\_\_\_\_
6. Does your facility need CVA or SFR signs? If so, what type? \_\_\_\_\_  
\_\_\_\_\_
7. Describe any challenges your facility faces when pumping out boats: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Do you expect to require any new or replacement pumpout equipment before June 30, 2017? If so, please provide a description of equipment requested and an explanation for such need: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Do you have any feedback or recommendations for the Massachusetts CVA Program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



10. List your facility's pumpout equipment previously purchased with CVA funds:

**Pumpout Station(s)**

Number of stations \_\_\_\_\_ Properly functioning? \_\_\_\_\_

Serial numbers for each \_\_\_\_\_

Year(s) purchased (indicate new or replacement) \_\_\_\_\_

**Pumpout Cart(s)**

Number of carts \_\_\_\_\_ Properly functioning? \_\_\_\_\_

Serial numbers for each \_\_\_\_\_

Year(s) purchased (indicate new or replacement) \_\_\_\_\_

**Pumpout Vessel(s)**

Number of vessels \_\_\_\_\_ Properly functioning? \_\_\_\_\_

Serial numbers for each \_\_\_\_\_

Year(s) purchased (indicate new or replacement) \_\_\_\_\_

**Vessel Engine(s)**

Number of engines \_\_\_\_\_ Properly functioning? \_\_\_\_\_

Serial numbers for each \_\_\_\_\_

Year(s) purchased (indicate new or replacement) \_\_\_\_\_

**Vessel Trailer(s)**

Number of trailers \_\_\_\_\_ Properly functioning? \_\_\_\_\_

Serial numbers for each \_\_\_\_\_

Year(s) purchased (indicate new or replacement) \_\_\_\_\_

**Dump Station(s) / Tight Tank(s)**

Number of tanks \_\_\_\_\_ Properly functioning? \_\_\_\_\_

Serial numbers for each \_\_\_\_\_

Year(s) purchased (indicate new or replacement) \_\_\_\_\_

**Other CVA funded equipment**

---

---

---

---

---

---

---

Please attach additional sheets as needed. This form is also available on our website at <http://www.mass.gov/dmf/cva>. Forms can be mailed to The Clean Vessel Act Program, 30 Emerson Avenue, Gloucester, MA 01930; or emailed to [maren.olson@state.ma.us](mailto:maren.olson@state.ma.us). If you have any questions, please call (978) 282-0308 to reach Cecil French (ext. 119) or Maren Olson (ext. 167).

